#3

Docket No. YO999-583US2

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

| As a below named inventor, I he                                                                                                                                                                                                                                                                                                                                                                                    | ex or Allowiel For IAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ENTAITEICATION                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                    | ess and citizenship are as state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d below next to my name;                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | one name is listed below) or an o                                                                                                                                                                                                                                                                                                                                                                                                  | original, first                                                                                                                                                                |
| and joint inventor (if plural                                                                                                                                                                                                                                                                                                                                                                                      | names are listed below) of the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ubject matter which is claimed ar                                                                                                                                                                                                                                                                                                                                                                                                  | nd for which a                                                                                                                                                                 |
| patent is sought on the invent:                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                                                                                                                                                              |
| SYNCHRONOUS COLLABORATION SYSTEM specification of which (che                                                                                                                                                                                                                                                                                                                                                       | STEM BASED ON PEER-TO-PEER COMMU<br>eck one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NICATION                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
| X is attached hereto. was filed on                                                                                                                                                                                                                                                                                                                                                                                 | as United States Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n Number                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
| or PCT International Applicat:                                                                                                                                                                                                                                                                                                                                                                                     | on Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
| and was amended on                                                                                                                                                                                                                                                                                                                                                                                                 | (if applical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ole)                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |
| the claims, as amended by any I acknowledge the duty to disc<br>accordance with Title 37, Code<br>I hereby claim foreign priority<br>foreign application(s) for pate<br>which designated at least one                                                                                                                                                                                                              | amendment referred to above. Lose information which is materi of Federal Regulations, Section y benefits under Title 35, Unite ent or inventor's certificate, of country other than the United St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d States Code, $\$119(a)-(d)$ or $\$30$ r $\$365(a)$ of any PCT Internationates, listed below and have also                                                                                                                                                                                                                                                                                                                        | application in  65(b) of any  al application  identified below,                                                                                                                |
| application, having a filing de                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | entor's certificate, or PCT Inter<br>on on which priority is claimed:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                |
| Prior Foreign Application(s)                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Priority Claimed Yes No                                                                                                                                                        |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                           | (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Day/Month/Year Filed)                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                           | (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Day/Month/Year Filed)                                                                                                                                                                                                                                                                                                                                                                                                             | Yes No                                                                                                                                                                         |
| (27)                                                                                                                                                                                                                                                                                                                                                                                                               | (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Day (Marth /Vaca Filed)                                                                                                                                                                                                                                                                                                                                                                                                           | Yes No                                                                                                                                                                         |
| (Number) I hereby claim the benefit under                                                                                                                                                                                                                                                                                                                                                                          | (Country)<br>er 35 U.S.C. <b>§</b> 119(e) of any Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Day/Month/Year Filed) ed States provisional application                                                                                                                                                                                                                                                                                                                                                                           | n(s) listed below                                                                                                                                                              |
| (Application Number)                                                                                                                                                                                                                                                                                                                                                                                               | (Filing Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |
| (Application Number)                                                                                                                                                                                                                                                                                                                                                                                               | (Filing Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                |
| of the claims of this application the manner provided by the material to the patentability                                                                                                                                                                                                                                                                                                                         | ion is not disclosed in the pric<br>first paragraph of 35 U.S.C. §11<br>of this application as defined i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d below and, insofar as the subjer United States, or PCT Internation 2, I acknowledge the duty to discuss of CFR §1.56 which occurred between filling date of this applicational                                                                                                                                                                                                                                                   | ional application<br>close information<br>tween the filing                                                                                                                     |
| (Application Serial No.)                                                                                                                                                                                                                                                                                                                                                                                           | (Filing Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Status) (patented, pendi                                                                                                                                                                                                                                                                                                                                                                                                          | ng, abandoned)                                                                                                                                                                 |
| information and belief are belithat willful false statements. Section 1001 of Title 18 of the of the application or any pater POWER OF ATTORNEY: As a named this application and transact registration number).  Manny W. Schecter (Reg. 31, John E. Hoel (Reg. 26,279), Marc A. Ehrlich (Reg. 39,96 Derek S. Jennings (Reg. 41, Daniel P. Morris (Reg. 32,0 Robert P. Tassinari, Jr. (R46,134) and Gail H. Zarick | ieved to be true; and further thand the like so made are punishate United States Code and that wint issued thereon.  inventor I hereby appoint the fall business in the Patent and Tall busine | (Status) (patented, pendi wledge are true and that all stat at these statements were made with ble by fine or imprisonment, or liful false statements may jeopal collowing attorney(s) and/or agent rademark Office connected therews 35,082), Christopher A. Hughe. 18,753), Douglas W. Cameron 37,321), Louis P. Herzberg (g. 29,551), Richard M. Ludwin. 37,411), Louis J. Percello (Reg. 25,933), Marian Underwoorty Law Dept. | tements made on the the knowledge both, under rdize the validity t(s) to prosecute ith (list name and (Reg. 26,914) (Reg. 31,596), Reg. 41,500), (Reg. 33,010), (Reg. 33,206), |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | Corporation, P.O. Box 218, York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | ne and telephone number) <u>Stephe</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
| Full name of sole or fire                                                                                                                                                                                                                                                                                                                                                                                          | st inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11-11 20 0                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
| <u>a Chartle</u>                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Apail 20, 2                                                                                                                                                                                                                                                                                                                                                                                                                        | 2001                                                                                                                                                                           |
| Inventor's SignatureBG/6D, Munirka DDA Fla                                                                                                                                                                                                                                                                                                                                                                         | ts. New Delhi. India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                                                              |
| Residence                                                                                                                                                                                                                                                                                                                                                                                                          | 444444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
| India                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
| Citizenship                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |
| same as above Post Office Address                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                                                                                                                                    |





Docket No. <u>Y0999-583US2</u>

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

| Manish Gupta                                               |                |
|------------------------------------------------------------|----------------|
| Full name of second joint-inventor, if any                 | May 09, 2001   |
| Inventor's signature                                       | Date /         |
| P1A/246, Neb Sarai, Sainik Farms, New Delhi 110068 India   |                |
| Residence India                                            |                |
| Citizenship                                                |                |
| same as above                                              |                |
| Post Office Address                                        |                |
| Neeran Mohan Karnik                                        |                |
| Full name of third joint-inventor, if any                  | April 20, 2001 |
| Inventor's signature                                       | Date           |
| B-160, Shivalik Colony, New Delhi 110017, India            |                |
| Residence                                                  |                |
| India                                                      |                |
| Citizenship                                                |                |
| <u>same as above</u> Post Office Address,                  |                |
| Fost Office Address,                                       |                |
| Pradeep Varma                                              |                |
| Full name of fourth joint-inventor, if any                 | April 20/2001  |
| Inventor's Signature                                       | Date           |
| 10 West Avenue, IIT Campus, Hauz Khaz, New Delhi 110016, I | ndia           |
| Residence                                                  |                |
| <u>India</u><br>Citizenship                                |                |
| same as above                                              |                |
| Post Office Address                                        |                |
|                                                            |                |
|                                                            | <del></del>    |
| Full name of fifth joint inventor, if any                  |                |
| Inventor's Signature                                       | Date           |
|                                                            |                |
| Residence                                                  |                |
| Citizanchin                                                |                |
| Citizenship                                                |                |
| Post Office Address                                        |                |
|                                                            |                |
|                                                            |                |
| Full name of sixth joint-inventor, if any                  |                |
| 'Inventor's signature                                      | Date           |
|                                                            |                |
| Residence                                                  |                |
| Citigonobin                                                |                |
| Citizenship .                                              |                |
| Post Office Address                                        |                |